

Registration of Constructors and Employers Engaged in Construction

Pursuant to section 5 of the Regulation for Construction Projects made under the *Occupational Health and Safety Act*, "Before beginning work at a project, each constructor and employer engaged in construction shall complete an approved registration form. The constructor shall ensure that each employer at the project provides to the constructor a completed approved registration form; and a copy of the employer's completed form is kept at the project while the employer is working there."

Fields marked with an asterisk (*) are mandatory.

Nature of Business (check one) *

Individual
 Sole Proprietor
 Corporation
 Partnership
 Joint Venture

Individual (Legal Name)

Last Name	First Name	Middle Initial
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Sole Proprietor or Corporation Name

Operating Name	Business Number
Legal Name	Corporation Number

Partnership Partner or Joint Venture Party 1

Corporation
 Individual

Individual Legal Name

Last Name	First Name	Middle Initial
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Corporation Information

Operating Name	Business Number	
Legal Name	Corporation Number	
Director Name or Principal Officer Name	Title	Date Appointed (yyyy/mm/dd)

Partnership Partner or Joint Venture Party 2

Corporation
 Individual

Individual Legal Name

Last Name	First Name	Middle Initial
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Corporation Information

Operating Name	Business Number	
Legal Name	Corporation Number	
Director Name or Principal Officer Name	Title	Date Appointed (yyyy/mm/dd)

Business Address

Unit Number	Street Number *	Street Name *	Street Type	Street Direction
PO Box	Rural Route	City/Town *	Province *	Postal Code *
Telephone Number *	Fax Number	Email Address (if available)		

Business Registration Information

Harmonized Sales Tax Number	WSIB Account Number	WSIB Rate Group Number
Do you have a clearance certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certificate Number

Project Information

Average number of employees employed by your firm on the project * 1 - 5 6 - 19 20 - 49 50+

Project Location

Does the project have a street address? Yes No

Location - street address

Unit Number	Street Number	Street Name	Street Type	Street Direction
City/Town	Province ON	Postal Code	Workplace Telephone Number	

Location - not a street address

Directions to the workplace:

Lot and plan

Acknowledgement *

I confirm that I am authorized to complete this form.
 I hereby certify that the information provided is true and correct to the best of my knowledge.

Last name of person completing this form *	First name of the person completing this form *
Title *	Date (yyyy/mm/dd) *
Email Address *	